



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
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Charitable Solicitation Registration Statement

(for Out-of-State Charitable Organizations Not Required to
Register to Do Business in Nevada)*

**Required for any corporation that intends to solicit charitable/tax
deductible contributions in Nevada.*

Page 1 of 2

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Names of Charitable

Organization: (please
complete items a thru d;
attach additional page(s) if
necessary)

a) Name of charitable organization as state in its Articles of Incorporation or other governing document:

b) Jurisdiction and date of formation:

c) Exact name of charitable organization as registered with the Internal Revenue Service, if different from (a):

d) Name or names under which charitable organization may, or intends to, solicit charitable contributions in Nevada:

2. Web Address: (optional**)

**will be listed on public entity search

3. USA PATRIOT ACT certification: (optional)

☐ Check here to accept the following certification.

In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.

4. Places of

Business: (please
complete items a, b and c;
attach additional page(s) if
necessary)

a) Address and telephone number of the principal place of business of the charitable organization:

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Zip Code	Country	

b) Name, address, and telephone number of custodian of its financial records:

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Custodian		Telephone Number				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Zip Code	Country	

c) Name, address, and telephone number of contact person for this registration statement:

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Contact Person		Telephone Number				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Zip Code	Country	

5. Exempt Status and Federal Tax ID:

a) Indicate status by checking appropriate box:

☐ I certify that the charitable organization named in Item 1 is exempt from federal income tax under §501(c)(3) of the Internal Revenue Code.

OR

☐ I certify that the charitable organization named in Item 1 has applied to the IRS for a determination that it is exempt from federal income tax under §501(c)(3) of the Internal Revenue Code.

b) Federal Employer Identification Number:

6. Fiscal Year:

Day and month of end of fiscal year of the charitable organization:

<input type="text"/>	<input type="text"/>
Day	Month



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7. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:

☐ Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from the most recently filed Form 990, Part I or 990EZ, Parts I and II.

Total Revenue (line 12, Form 990; line 9, Form 990EZ).....

Total Expenses (line 18, Form 990; line 17, Form 990EZ).....

Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....

Total Assets (line 20, Form 990; line 25, Form 990EZ).....

Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....

Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....

8. Purpose: (state the purpose for which the charitable organization is organized; attach additional page(s) if necessary)

9. Email:

Organization or Executive Office Email for Notification:

10. Names and Addresses of the Officers, Directors, and Trustees of the Charitable Organization: (attach additional page(s) if necessary)

1.	<input type="text"/>	<input type="text"/>			
	Name	Title			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip Code	Country
2.	<input type="text"/>	<input type="text"/>			
	Name	Title			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip Code	Country
3.	<input type="text"/>	<input type="text"/>			
	Name	Title			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip Code	Country

11. Names and Addresses of Executive Personnel: (Other than those already listed in 10, above; attach additional page(s) if necessary)

1.	<input type="text"/>	<input type="text"/>			
	Name	Title			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip Code	Country
2.	<input type="text"/>	<input type="text"/>			
	Name	Title			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip Code	Country
3.	<input type="text"/>	<input type="text"/>			
	Name	Title			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip Code	Country

12. Signature: (must be signed by an officer, or if a trust, by a trustee)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Authorized Signature

Title

Date